PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032

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Complete if Known

| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | COL | ilpiete il Kilow | |
|---|---------------------------------------|--------------------------|-----------------|
| FEE TRANSMITTAL | Application Number | 09/820,891-Co | onf. #4447 |
| | Filing Date | March 30, 2001 | |
| For FY 2006 | First Named Inventor | Raymond B. B | entley |
| | Examiner Name | M. P. Francis | |
| Applicant claims small entity status. See 37 CFR 1.27 | Art Unit | 2124 | |
| TOTAL AMOUNT OF PAYMENT (\$) 1,400.00 | Attomey Docket No. | 36488-169756 | |
| METHOD OF PAYMENT (check all that apply) | | | |
| Check Credit Card Money Order None Other (please identify): | | | |
| X Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | |
| X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | |
| Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | | | |
| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | |
| , , | | NATION FEES | |
| Small Entity Application Type Fee (\$) Fee (\$) | <u>Small Entity</u> \$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility 300 150 500 | | 100 | |
| Design 200 100 100 | | 65 | |
| Plant 200 100 300 | | 80 | |
| | | | |
| Reissue 300 150 500 | | 300 | |
| Provisional 200 100 (| 0 0 | 0 | |
| 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) | | | |
| Fee Description | | | |
| Each claim over 20 (including Reissues) | | | 50 25 |
| Each independent claim over 3 (including Reissues) | | | 200 100 |
| Multiple dependent claims | | | 360 180 |
| | | lultiple Depende | · - · |
| 37 - 59 = x = = | <u>F</u> | <u>ee (\$)</u> | Fee Paid (\$) |
| HP = highest numer of total claims paid for, if greater than 20. | | | |
| | Paid (\$) | | |
| -8 = X = HP = highest numer of independent claims paid for, if greater than 3. | | | |
| 3. APPLICATION SIZE FEE | | | |
| If the specification and drawings exceed 100 sheets of pape | | | |
| listings under 37 CFR 1.52(e)), the application size fee d | | entity) for each ac | lditional 50 |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and | 137 CFR 1.16(s). | | |
| | additional 50 or fraction there | | Fee Paid (\$) |
| 100 = /50 | _ (round up to a whole number) | × | = |
| 4. OTHER FEE(S) <u>Fees Paid (\$)</u> | | | |
| Other (e.g., late filing surcharge). 1253 Extension for response within third month 900.00 | | | |
| Other (e.g., late filing surcharge): 1253 Extension for response within third month 900.00 1401 Notice of appeal 500.00 | | | |
| SUBMITTED BY | | | |
| Signature / ////////////////////////////////// | Registration No. 42,709 | Telephone | (202) 344-4000 |
| Name (Print/Type) veffri A. Kaminski | (Attorney/Agent) 42,703 | Date | March 2, 2006 |
| Home transcriptor Doctor W. Partingly | | | 171G(O) 2, 2000 |

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